



**NATIONAL HEMOPHILIA FOUNDATION**  
*for all bleeding and clotting disorders*

## Health Plan Comparison Guide

**D**etermining which health plan is most appropriate for your needs can often be a difficult process. Whether it is an individual plan or a group health plan offered through your employer, there are many things to consider when reviewing your options. These considerations usually fall under one of two categories: cost or benefits. Typically most people look at the cost of the plan when making a decision. Questions they ask may be:

1. What is the monthly/annual premium for the plan?
2. What is the sum total of my out of pocket costs, including medical and prescription co-pays, deductibles and co-insurance?
3. Does it cover all the services I need?
4. Are my physicians covered?
5. Are there annual limits? If so, is it a maximum annual benefit limit based on dollars or on number of visits. For example, mental health coverage is usually limited to a certain number of visits per year.
6. Are out of network benefits available? Am I covered if I get sick out of state?

For those affected by a bleeding disorder, there are often additional, more specific, questions we must ask that relate to what benefits are covered and how, such as:

1. Is clotting factor covered? If so, is it a major medical or a pharmacy benefit?
2. Do I have a choice of more than one pharmacy provider?
3. Is my hemophilia treatment center in network?
4. Is durable medical equipment covered?
5. Do I need a referral to see a specialist?
6. What services require prior authorization?

Answers to many of the questions above, both relative to cost and benefits, can be found by reviewing your plan's summary of benefits, drug formulary list and provider network directory. While this is often viewed as a tedious process, it is one of the most important steps you can take to insure that a plan meets your need. It is important to remember that *once you choose a plan, you cannot change until the next open enrollment period.*

In many instances, you may find that you have the option to choose between multiple plan types and designs: HMO, PPO, POS, EPO, etc. The attached "Health Plan Comparison Chart" is a tool designed to assist you in performing a side-by-side comparison of your plan options by helping to identify coverage benefits and out-of-pocket costs associated with each. The chart can be used in two ways: as a tool to make general comparisons between health plans or as a customized tool designed to highlight the costs and benefits specific to your individual needs. The steps below are specific to a more personalized evaluation.

# Getting Started

**Step 1.** Prepare a “Personal Health Experience” stat sheet taking into consideration the health services you have used in the previous 12 months. Ask yourself “In the past twelve months how many times have I: ”

- A) Visited my primary physician?
- B) Been seen by a specialist?
- C) Been seen at my HTC?
- D) Visited an ER or urgent care center?
- E) Been admitted to the hospital for an overnight stay?
- F) Purchased a prescription drug? How many per month?
- G) Required home healthcare services (i.e., home nursing service)?

**Step 2.** Print a copy of the attached “Health Terms” document.

**Step 3.** Collect from your Human Resources representative the following documents for each health plan being presented to me. (Note: often you will be provided a link to this information on the carrier’s Web site.)

- A) Benefit Summary
- B) Drug Formulary
- C) Provider Network Booklet

**Step 4.** Begin using your “Health Plan Comparison Chart”

While the documents referenced above may help answer many questions important to choosing the appropriate plan, there will be some questions that require additional resources to answer. There are many resources available to consumers who need additional help. For more information and/or a list of available resources, you can contact NHF, your local chapter and/or your HTC social worker.

For more information on health coverage options that may be available to you in your state, please visit: <http://finder.healthcare.gov> and choose your state.